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Apr 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000075213**

1. Corporation Name
ZAR ENTERPRISES, INC.

Principal Place of Business

4880 N.W. 157TH STREET
~~301 S. BISCAYNE BLVD., SUITE 1970~~
MIAMI FL 33014
US

Mailing Address

4880 N.W. 157TH ST
~~201 S. BISCAYNE BLVD., SUITE 1970~~
MIAMI FL 33014
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1996

4. FEI Number

65-0713986

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **4880 NW 157th St**

Suite, Apt. #, etc.

22 ~~Suite 1970~~

City & State

23 **Miami FL**

Zip

24 **33014**

Country

25

2a. Mailing Address

26 **4880 NW 157th St**

Suite, Apt. #, etc.

27 ~~Suite 1970~~

City & State

28 **Miami FL**

Zip

29 **33014**

Country

30

9. Name and Address of Current Registered Agent

EISENBERG, JAY
4880 N.W. 157TH STREET
~~**SUITE 1970**~~
MIAMI, FL 33014

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D. ROBINSON, JEFFREY**
STREET ADDRESS **2895 LUCKIE RD**
CITY-ST-ZIP **WESTON FL**

TITLE ☐ DELETE
NAME **D. EISENBERG, JAY**
STREET ADDRESS **139 CAMERON COURT**
CITY-ST-ZIP **WESTON FL**

TITLE ☐ DELETE
NAME **D. EISENBERG, ARNOLD**
STREET ADDRESS **320 E. 46TH ST., #22A**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME **D. ZAMBITO, STEVEN**
STREET ADDRESS **280 OTTER ROCK COURT**
CITY-ST-ZIP **GREENWICH CT**

TITLE ☐ DELETE
NAME **D. ZOLOT, BARRY**
STREET ADDRESS **3073 SHORE ROAD**
CITY-ST-ZIP **BELLMORE NY**

TITLE ☒ DELETE
NAME **D. ZOLOT, WARREN**
STREET ADDRESS **250 E. 63RD ST., 21C**
CITY-ST-ZIP **NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D Eisenberg, Jay**
2.3 STREET ADDRESS **2508 Eagle Run Drive**
2.4 CITY-ST-ZIP **Weston FL 33327**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)